



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU

**NOTICE OF FAILURE TO PASS A DRUG, ALCOHOL OR CHEMICAL TEST
REGARDING PERSONS POSSESSING SCHOOL BUS ENDORSEMENTS**

FORM

4684

(REV. 11-2005)

I hereby certify that the following employee:

FIRST NAME	MIDDLE INITIAL	LAST NAME	DRIVER LICENSE NUMBER	DATE OF BIRTH
ADDRESS			CITY	STATE ZIP CODE

is employed by:

NAME OF COMPANY/CORPORATION	CONTACT PERSON	TELEPHONE
ADDRESS	CITY	STATE ZIP CODE

I further certify that on _____, the above employee
(MONTH/DAY/YEAR)

☐ failed to pass ☐ refused to complete a(n):

☐ drug test (enclose copy of test results)

☐ alcohol test (enclose copy of test results) administered by _____

☐ chemical test (enclose copy of test results)

that was administered pursuant to the requirements of any federal or state law, rule or regulation regarding the operation of a school bus.

SIGNATURE OF EMPLOYER OR OFFICER OF EMPLOYER	DATE
--	------

Please send the completed document to the following address:

Driver License Bureau
P. O. Box 200
Jefferson City, MO 65105-0200
Telephone Number: (573) 751-2730
Fax Number: (573) 751-0466